

February 19, 2002

Mr. Gary D. Henderson
TFC Canopy, A Division of Centurion Industries, Inc.
1107 North Taylor Road
Garrett, Indiana 46738-1880

Re: 033-15451-00061
First Notice-only change to
MSOP 033-14578-00061

Dear Mr. Henderson:

TFC Canopy, Inc. was issued a permit on November 20, 2001 for a Minor Source Operating Permit. A letter notifying the Office of Air Quality (OAQ) of a name change was received on January 18, 2002. Pursuant to the provisions of 326 IAC 2-6.1-6 the permit is hereby revised as follows:

TFC Canopy, Inc. requested its name be changed to TFC Canopy, A Division of Centurion Industries, Inc. to more accurately reflect their true operating name. The source still operates at 1107 North Taylor Road, Garrett, Indiana. The cover page and reporting forms were corrected to reflect the correct name. No other changes were requested.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this letter and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

PD/gkf

cc: File - DeKalb County
DeKalb County Health Department
Air Compliance Section Inspector - Doyle Houser
Compliance Data Section - Karen Nowak
IDEM Northern Region Office
Permit Review Section 1 - Gary Freeman
Air Program - Chet Bohannon

MINOR SOURCE OPERATING PERMIT OFFICE OF AIR QUALITY

**TFC Canopy, A Division of Centurion Industries, Inc.
1107 North Taylor Road
Garrett, IN 46738-1880**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the emission units described in Section A (Source Summary) of this permit.

This permit is issued to the above mentioned company under the provisions of 326 IAC 2-6.1 and 40 CFR 52.780, with conditions listed on the attached pages.

Operation Permit No.: 033-14578-00061	
Original signed by Paul Dubenetzky Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: November 20, 2001 Expiration Date: November 20, 2006
First Notice-Only Change: 033-15451-00061	Pages Affected: Cover, 17, 18, 19 and 20
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 19, 2002

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**MINOR SOURCE OPERATING PERMIT
CERTIFICATION**

Source Name: TFC Canopy, A Division of Centurion Industries, Inc.
Source Address: 1107 North Taylor Road, Garrett, IN 46738-1880
Mailing Address: 1107 North Taylor Road, Garrett, IN 46738-1880
Part 70 Permit No.: 033-14578-00061

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Notification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**MINOR SOURCE OPERATING PERMIT
ANNUAL NOTIFICATION**

This form should be used to comply with the notification requirements under 326 IAC 2-6.1-5(a)(5).

Company Name:	TFC Canopy, A Division of Centurion Industries, Inc.
Address:	1107 North Taylor Road
City:	Garrett, IN 46738-1880
Phone #:	219-357-6665
MSOP #:	033-14578-00061

I hereby certify that TFC Canopy, A Division of Centurion Industries, Inc. is:

☒ still in operation. ☐ no longer in operation.

I hereby certify that TFC Canopy, A Division of Centurion Industries, Inc. is:

☒ in compliance with the requirements of MSOP 033-14578-00061.

☐ not in compliance with the requirements of MSOP 033-14578-00061.

Authorized Individual (typed):
Title:
Signature:
Date:

If there are any conditions or requirements for which the source is not in compliance, provide a narrative description of how the source did or will achieve compliance and the date compliance was, or will be achieved.

Noncompliance:

MALFUNCTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY FAX NUMBER - 317 233-5967

**This form should only be used to report malfunctions applicable to Rule 326 IAC 1-6
and to qualify for the exemption under 326 IAC 1-6-4.**

THIS FACILITY MEETS THE APPLICABILITY REQUIREMENTS BECAUSE IT HAS POTENTIAL TO EMIT
25 TONS/YEAR PARTICULATE MATTER ?_____, 25 TONS/YEAR SULFUR DIOXIDE ?_____,
25 TONS/YEAR NITROGEN OXIDES?_____, 25 TONS/YEAR VOC ?_____,
25 TONS/YEAR HYDROGEN SULFIDE ?_____, 25 TONS/YEAR TOTAL REDUCED SULFUR ?_____,
25 TONS/YEAR REDUCED SULFUR COMPOUNDS ?_____, 25 TONS/YEAR FLUORIDES ?_____,
100 TONS/YEAR CARBON MONOXIDE ?_____,
10 TONS/YEAR ANY SINGLE HAZARDOUS AIR POLLUTANT?_____,
25 TONS/YEAR ANY COMBINATION HAZARDOUS AIR POLLUTANT ?_____,
1 TON/YEAR LEAD OR LEAD COMPOUNDS MEASURED AS ELEMENTAL LEAD ?_____, OR
IS A SOURCE LISTED UNDER 326 IAC 2-5.1-3(2) ?_____.
EMISSIONS FROM MALFUNCTIONING CONTROL EQUIPMENT OR PROCESS EQUIPMENT CAUSED EMISSIONS IN
EXCESS OF APPLICABLE LIMITATION _____.

THIS MALFUNCTION RESULTED IN A VIOLATION OF: 326 IAC _____ OR, PERMIT CONDITION # _____ AND/OR
PERMIT LIMIT OF _____

THIS INCIDENT MEETS THE DEFINITION OF 'MALFUNCTION' AS LISTED ON REVERSE SIDE ? Y N

THIS MALFUNCTION IS OR WILL BE LONGER THAN THE ONE (1) HOUR REPORTING REQUIREMENT ? Y N

COMPANY: TFC Canopy, A Division of Centurion Industries, Inc PHONE NO. () _____

LOCATION: (CITY AND COUNTY) 1107 North Taylor Road, Garrett, IN 46738-1880 (DeKalb County)

PERMIT NO. 033-14578-00061

CONTROL/PROCESS DEVICE WHICH MALFUNCTIONED AND REASON: _____

DATE/TIME MALFUNCTION STARTED: ____/____/19____ AM / PM

ESTIMATED HOURS OF OPERATION WITH MALFUNCTION CONDITION: _____

DATE/TIME CONTROL EQUIPMENT BACK-IN SERVICE ____/____/19____ AM/PM

TYPE OF POLLUTANTS EMITTED: TSP, PM-10, SO₂, VOC, OTHER: _____

ESTIMATED AMOUNT OF POLLUTANT EMITTED DURING MALFUNCTION: _____

MEASURES TAKEN TO MINIMIZE EMISSIONS: _____

REASONS WHY FACILITY CANNOT BE SHUTDOWN DURING REPAIRS:

CONTINUED OPERATION REQUIRED TO PROVIDE ESSENTIAL* SERVICES: _____

CONTINUED OPERATION NECESSARY TO PREVENT INJURY TO PERSONS: _____

CONTINUED OPERATION NECESSARY TO PREVENT SEVERE DAMAGE TO EQUIPMENT: _____

INTERIM CONTROL MEASURES: (IF APPLICABLE) _____

MALFUNCTION REPORTED BY: _____ TITLE: _____
(SIGNATURE IF FAXED)

MALFUNCTION RECORDED BY: _____ DATE: _____ TIME: _____

**Please note - This form should only be used to report malfunctions
applicable to Rule 326 IAC 1-6 and to qualify for
the exemption under 326 IAC 1-6-4.**

326 IAC 1-6-1 Applicability of rule

Sec. 1. This rule applies to the owner or operator of any facility required to obtain a permit under 326 IAC 2-5.1 or 326 IAC 2-6.1.

326 IAC 1-2-39 "Malfunction" definition

Sec. 39. Any sudden, unavoidable failure of any air pollution control equipment, process, or combustion or process equipment to operate in a normal and usual manner.

***Essential services** are interpreted to mean those operations, such as, the providing of electricity by power plants. Continued operation solely for the economic benefit of the owner or operator shall not be sufficient reason why a facility cannot be shutdown during a control equipment shutdown.

If this item is checked on the front, please explain rationale:
